COMBINED DECLARATION AND POWER OF ATTORNEY IN ORIGINAL APPLICATION

ATTORNEY	
DOCKET	

As a below named inventor, I hereby declare that: Jung-Hui HSU and Chia-Cheng WEI

My residence, pose	office address and cit	izenship are as stated below	w next to my name.	
		nventor (if only one name i		
		ne subject matter which is o	claimed and for which a	patent is sought on
the invention entitled	LINK ASSEMBLY I	FOR CONNECTORS		
the specification of which	ch (check one)			
is attached	hereto.			
		s Application Serial No		
and with amendmen				
	<u> </u>	(if	applicable)	
I hereby state that I	have reviewed and ur	derstand the contents of th		fication, including the
claims.				
Clairing.				
I hereby claim fore application(s) for patent patent or inventor's certification.	7, Code of Federal Reging priority benefits ur or inventor's certificatificate having a filing of	nation which may be mater gulations, Sections 1.56. Inder Title 35, United States te listed below and have all date before that of the apple of ANY, FILED WITHIN 1	s Code, Sections 119 of a so identified below any a ication on which priority	any foreign foreign application for y is claimed.
		Date of Filing	Date of Issue	Priority Claimed
Country	Application No.	Day/Month/Year	Day/Month/Year	YES NO
·	093200395	9/1/2004		X
	-			
ALL FOREIGN APPLI	CATION(S), IF ANY	, FILED MORE THAN 12	2 MONTHS PRIOR TO	THIS APPLICATION
	in the United States P	tor, I hereby appoint the fo atent and Trademark Offic		

Send Correspondence To:

BRUCE H. TROXELL 5205 LEESBURG PIKE, SUITE 1404 FALLS CHURCH, VIRGINIA 22041 Direct Telephone Calls To: (name and telephone number) Bruce H. Troxell (703) 575-2711 I hereby declare that all statements made herein of my own knowledge are true and all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issue thereon.

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Post Office Address		
Full Name of Fourth Inventor	Inventor's Signature	Date
Residence		Citizenship
Post Office Address		

Applicant or Paten	tee: Jung-Hui HSU and Chia-	-Cheng WEI	Attorney's
Serial or Patent No).:		Docket No.
Filed or Issued:			
For: LINK ASSI	EMBLY FOR CONNECTORS		
VERIFIED	STATEMENT (DECLA) [37 CFR 1.9(f) & 1.27(l)	•	G SMALL ENTITY STATUS ESS CONCERN
I hereby decla	are that I am:		
[] the own	er of the small business concern	identified below:	
[X] an offici	al of the small business concern	empowered to act on behal	f of the concern identified below:
NAME OF SMAL	L BUSINESS CONCERN: PO	OWERTECH INDUSTRIA	L CO., LTD.
ADDRESS OF SM	MALL BUSINESS CONCERN:		ing Shan Rd., Chung Ho City, Taipei
		Hsien, Taiwan.	
of Title 35, United exceed 500 person over the previous feach of the pay person concern controboth. I hereby decl	States Code, in that the number is. For purpose of this statement fiscal year of the concern of the riods of the fiscal year, and (2) cols or has the power to control the	of employees of the concernt, (1) the number of employees on a ful concerns are affiliates of eace other, or a third-party or law have been conveyed.	educed fees under Sections 41(a) and 41(b) rn, including those of its affiliates, does not yees of the business concern is the average l-time, part-time or temporary basis during ch other when either, directly or indirectly, parties controls or has the power to control d, to and remain with the small business captioned:
	[] PATENT	[X] AF	PPLICATION
organization havin than the inventor,	ng rights to the invention is listed who could not qualify as a small	d below* and no rights to tall business concern under	not exclusive, each individual, concern or he invention are held by any person, other 37 CFR 1.9(d) or by any concern which profit organization under 37 CFR 1.9(e).
	verified statements are required antion averring to their status as sm		concern or organization having rights to the
FULL NAME			
ADDRESS [[] INDIVIDUAL [] SMAI	LL BUSINESS CONCERN	[] NON-PROFIT ORGANIZATION
FULL NAME ADDRESS			
ADDRESS [[] INDIVIDUAL [] SMAI	LL BUSINESS CONCERN	I [] NON-PROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of my change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate [37 CFR 1.28(b)].

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING Jonie CHOU	
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DATE	